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Technical Assistance Guide for Indiana's Review Panel Guidelines and Criteria

Note: Throughout this document, readers are often referred to the Virginia Guidelines for the Primary Prevention of Sexual and Intimate Partner Violence, developed by the Virginia Sexual and Domestic Violence Action Alliance, for details and examples. Other references are cited separately. The Guidelines can be accessed at by clicking on the following link: http://www.vsdvalliance.org/secPublications/Prevention%20Guidelines%202009[1].pdf.

Guideline 1: Develop prevention strategies that promote protective factors.

When implementing programs and curriculums to prevent dating, intimate partner, and sexual violence, it is important to use strategies that emphasize and enhance protective factors in conjunction with strategies that discourage or prevent the development of risk factors. Protective factors against dating, intimate partner, and sexual violence decrease the likelihood of perpetration and/or promote healthy relationships and sexuality, while also facilitating a broad range of related positive outcomes. In accordance with scholarly research, understanding of development assets, and practitioner experience, the Virginia Sexual and Domestic Violence Action Alliance has identified protective factors against dating, intimate partner, and sexual violence at the societal, community, relationship, and individual levels. See Appendix B-1 (pp 39-43) for this list. The Getting to Outcomes (GTO) Step 1: Needs and Resources Assessment document also identifies several commonly-recognized protective factors on pages 53-55. The document can be accessed at this link:

https://www.oag.state.tx.us/victims/grants/sapcs/guidance/GTO%20Step%201.pdf

Although these lists of protective factors cannot be considered exhaustive, they provide good examples of characteristics that contribute to positive, healthy conditions for families, neighborhoods and communities and may provide some protection against violence. In scoring your curriculum or program for this guideline, consider the degree to which you are promoting positive factors that you would expect to facilitate a healthier social environment and prevent violence of all kinds in your community.

For an example of a program that successfully incorporates the promotion of protective factors, please see page 10-11 of Virginia's Guidelines for the Primary Prevention of Sexual Violence and Intimate Partner Violence.

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Guideline 2: Develop prevention strategies that strive to be comprehensive.

In this instance, "comprehensive" means that program strategies target different parts of society in which people live their lives—i.e. the social ecological model.

The Social Ecological Model

The Centers for Disease Control and Prevention uses a four-level social-ecological model to better understand the root causes of violence and the effect of potential prevention strategies in different areas of people's lives.[1] This model considers the complex interplay between individual, relationship, community, and societal factors. Prevention efforts taking place in multiple setting should mutually reinforce each other to ensure a comprehensive approach to primary prevention.

Individual Level

The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. For example, factors such as alcohol and/or drug use; attitudes and beliefs that support sexual violence; impulsive and other antisocial tendencies; preference for impersonal sex; hostility towards women; and childhood history of sexual abuse or witnessing family violence may influence an individual's behavior choices that lead to perpetration of sexual violence.[2]

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[1] Dahlberg LL, Krug EG. "Violence-a global public health problem". In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1-56.

[2] Dahlberg LL, Krug EG. "Violence-a global public health problem". In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002

Relationship Level

Relationship or interpersonal level influences are factors that increase risk as a result of relationships with peers, intimate partners, and family members. A person's closest social circle—peers, partners, or family members—can shape the individual's behavior and range of experience. Risk factors at this level include association with sexually aggressive peers; family environment that is emotionally unsupportive; and a strong patriarchal family environment.

Community Level

Community-level influences are factors that increase risk for sexual violence perpetration based on community and social environments and include an individual's experience and relationships with schools, workplaces, and neighborhoods. For example, a lack of sexual harassment policies in the workplace can send a message that sexual harassment is tolerated, and that there may be no consequences for those who harass others. Other social circumstances such as poverty can contribute to violence in neighborhoods and communities.

Societal Level

The fourth level looks at the broad societal factors that help form a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that either implicitly or explicitly promote or discourage violence and gender equity in both universal and selected populations. For example, rape is more common in cultures that promote male sexual entitlement and support an ideology of male superiority. Other contextual societal factors that have been linked to increased violence include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.[3]

A comprehensive approach to primary prevention includes working within multiple levels of the social ecological model. Thus, ideally, prevention interventions should include strategies that target risk and protective factors at all levels of the social ecological model.

Although prevention programs rarely have the resources necessary to work as comprehensively as is recommended, it is important that certain components address at least two levels of the model. The Virginia Guidelines document also describes a specific program operating with comprehensive strategies on page 12.

[3] Dahlberg LL, Krug EG. "Violence-a global public health problem". In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002

Guideline 5: Develop prevention strategies based on logical, purposeful rationale.

Effective dating, sexual, and intimate partner violence programs and curriculums should seek to address and modify the root causes, or "common causal foundation" of violence. The Virginia Guidelines defines the term *common causal foundation:* "The explanation of why SV (sexual violence) or IPV (intimate partner violence) occurs, on which a set of primary SV/IPV strategies are based…A common causal foundation can consist of an etiological theory, multiple etiological theories, a collection of risk and/or protective factors, or both." Also according to the guidelines, "…[an etiological theory] explains why initial perpetration of sexual and/or intimate partner violence occurs. Various theories about gender and learning have historically been used as etiological theories to explain SV/IPV."[4]

The Centers for Disease Control and Prevention provides research-based documentation for overarching risk factors for sexual, dating, and intimate partner violence perpetration at each level of the social ecological model. These risk factors are listed in the table on the next page.

Extensive detailed examples of risk and protective factors that Virginia has identified in the context of that state are available in Appendix B of the Guidelines document (pages 37-60). It is important to note that unique risk and protective factors can present within each and every community. The existence of unique risk or protective factors in communities can depend on historical context, demographic makeup, economic conditions, strength of social institutions, political environment, relations between different sectors of population, availability of community resources, and many other conditions. Prevention practitioners should make an effort to understand these contexts and conditions in order to tailor programs and curriculums to unique community needs. If your program or curriculum addresses different risk and protective factors than those which CDC and other scientific sources have identified, ensure that an inclusive community assessment process has identified and validated these factors. Otherwise, your program or curriculum is likely to be ineffective with your target audience.

There are many resources available to assist you in conducting a community assessment process. Please see below for two resources to get you started.

- Getting to Outcomes (GTO) Step 1: Needs and Resources Assessment: Provides in-depth and guidance for assessing community needs and conditions that must be addressed to prevent sexual and intimate partner violence, and what resources there are to assist in doing so. This excellent guide can be accessed online at: https://www.oag.state.tx.us/victims/grants/sapcs/guidance/GTO%20Step%201.pdf. Although it

[4] Virginia Guidelines for the Primary Prevention of Sexual Violence and Intimate Partner Violence, p. 28.

may not be possible to go through all exercises this guide recommends, there are many helpful components.

- Community Tool Box: http://ctb.ku.edu/en/tablecontents/index.aspx

CDC-Identified Risk Factors for Sexual Violence Perpetration

Level of Social Ecological Model	Risk Factors: Sexual Violence Perpetration[5]
Individual	• Alcohol and drug use • Coercive sexual fantasies • Impulsive and antisocial tendencies • Preference for impersonal sex • Hostility towards women • Hypermasculinity • Childhood history of sexual and/or physical abuse • Witnessed family violence as a child
Relationship	• Association with sexually aggressive and delinquent peers • Family environment characterized by physical violence and few resources • Strong patriarchal relationship or family environment • Emotionally unsupportive familial environment
Community	• Lack of employment opportunities • Poverty • Lack of institutional support from the police or justice system • General tolerance of sexual violence within the community • Weak community sanctions against sexual violence perpetrators
Society	• Societal norms that support sexual violence • Societal norms that support male superiority and sexual entitlement • Societal norms that maintain women's inferiority and sexual submissiveness • Weak laws and policies related to gender equity • High tolerance levels of crime and other forms of violence • Exposure to media that normalizes violence

[5] Centers for Disease Control and Prevention, Center for Injury Prevention and Control, Division of Violence Prevention. A complete listing of sources used in CDC's literature review is available at: www.cdc.gov/ncipc/dvp/SV/svp-risk_protective.htm

Guideline 6: Develop prevention strategies that are developmentally appropriate.

Understanding young adolescents' tremendous diversity (e.g., culture, gender, development, and sexual orientation) continues to be an essential prerequisite to creating developmentally appropriate educational experiences. Such understanding provides insight into young adolescents' concerns and questions about overall development, body changes, and the onset of puberty. It also provides a developmental basis for education practices.

Developmentally appropriate activities at middle school reflect an experiential emphasis and begin the transition from concrete to symbolic representations. Educators assess cognitive levels to determine whether students need concrete or abstract learning activities, avoiding learning activities that are either too difficult or too easy, so materials should be easily adaptable by teachers to meet the range of learners. Middle school students develop their abilities to direct their own learning and develop critical thinking capacity. At the middle school level, a variety of authentic and alternative assessment tools to monitor student progress (e.g., learning contracts, checklists, teacher observations, teacher-made tests and portfolios) should be used. As students increasingly accept responsibility for their own learning, they will be able to use self-assessment as another tool for continued growth.

Four characteristics of developmentally appropriate practices are 1) age appropriateness, which allows teachers to plan, deliver and assess learning activities; 2) individual appropriateness, which provides the teacher with information necessary to create learning opportunities; 3) meaningful learning experiences, which allow learners to actively learn by participating in real-life situations; and 4) an environment in which responsible learners invest in their own learning, and that encourages growth in all developmental domains (Griffin Center for Human Development, 1993b).

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Guideline 7: Develop prevention strategies in consideration of the diverse cultural beliefs, practices, and community norms of program participants.

It is difficult to create prevention programs and curriculums where all elements will resonate universally with different cultural and social groups. However, it is essential that the program or curriculum you are using has been developed in conjunction with and/or incorporates language, images, concepts, scenarios, techniques, activities, and values that are relevant to the target audience. Maury Nation's 2003 study[6] identified the importance of sociocultural relevancy in ensuring positive prevention program outcomes. Below, please see a portion of a guide Nation and colleagues prepared for the Centers for Disease Control and Prevention in 2005 to assess the saliency of programs to the target population.[7]

Important Points:

- Effective programs are careful to tailor the content to make it culturally appropriate and relevant to its participants. When interventions are not relevant, the programs often have difficulty in recruiting and retaining the participants most in need of intervention.
- Making a program socio-culturally relevant means going beyond making cosmetic changes like translating the language or changing audio-visuals. It includes deep structure modifications, i.e., making changes in the materials or curricula that acknowledge the social norms and cultural/religious beliefs and practices of the target population.
- Effective programs are also careful not to adopt a one-size-fits-all approach. Activities that are flexible enough to adapt to unique circumstances of their participants are more likely to produce positive outcomes.
- One way to increase socio-cultural relevance is to include participants in the program planning and implementation. Typically, participants are invested in preventing poor outcomes, and may have ideas that can be used to compliment or enhance the activity.

Action Checklist:

□ Does the strategy appear to be sensitive to the social and cultural realities of the participants?
□ If not, are you capable of making the changes that are needed to make it more appropriate?
□ Is the strategy flexible to deal with special circumstances or individual needs of potential participants?
□ Is it possible to consult some potential participants to help you evaluate and/or modify the strategy?

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[6] Nation, Maury, Crusto, Cindy, Wandersman, Abraham, Kumpfer, Karol L., Seybolt, Diana, Morissey-Kane, Erin and Davino, Katrina. "What Works in Prevention: Principles of Effective Prevention Programs". American Psychologist (58:6/7). (2003) 449-56.

[7] Nation, Maury, Keener, Dana, Wandersman, Abraham and DuBois, David. "Applying the Principles of Prevention: What Do Prevention Practitioners Need to Know About What Works?" Prepared for the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. May 12, 2005. Accessed at: http://www.mentoring.org/downloads/mentoring_4.pdf/

Guideline 8: Develop prevention strategies that include a systematic method to determine program effectiveness and promote continuous quality improvement.

Evaluation measures are critical components of any prevention program or curriculum. Without evaluation, it is impossible to determine if the intervention is really affecting change and if you are achieving your implementation goals. An added benefit of evaluation is that it facilitates *continuous quality improvement,* defined in the Virginia Guidelines as "The systemic assessment of feedback and evaluation information about planning, implementation, and outcomes used to constantly improve programs as they go".

Both process and outcome measures[8] must be used in a comprehensive evaluation plan.

From the Virginia Guidelines[9]:

A process evaluation assesses -

- What activities were implemented?;
- The quality of implementation meaning, how well the program was received by participants as well as by the trainers (this might be done through debriefing, or gathering feedback from participants about how they feel about the program, did they buy-in to the objectives, etc.);
- The strengths and weaknesses of the implementation. A well-planned process evaluation is developed prior to beginning a program and continues throughout the duration of the program. It can help strengthen and improve the program by indicating when and where to make mid-course changes to keep the program on track. Knowing whether or not the implementation was done with quality can tell you whether the program is appropriate for the community or audience. If the process evaluation indicates high-quality implementation and then an outcome evaluation shows positive outcomes, you can assume that the program was effective. If the program does not show positive outcomes, but a process evaluation showed high-quality implementation, then there are likely to be problems with the program's theory or logic.

An outcome evaluation attempts to document whether or not the program achieved the change described in the goals or objectives, and if so, how much and what kind. If a process evaluation answers "Did we do what we said we were going to do?" then an outcome evaluation answers "What happened as a result?" or sometimes, "Did we achieve the change

[8] For the purpose of this document, the terms "outcome evaluation" and "impact evaluation" are considered synonymous. In other contexts, "outcome evaluation" refers to long-term change that is measured by incidence and prevalence data. Because of the extreme difficulty of conducting true outcome evaluation, impact evaluation is emphasized and is characterized by measures of how the program will change attitudes, knowledge, or behavior in the short term and describe the degree to which this change is expected.

[9] Virginia Guidelines for the Primary Prevention of Sexual Violence and Intimate Partner Violence, p. 29-30.

we wished to achieve?" Outcome evaluation is important because it provides evidence that your program accomplished its goals. It can answer such questions as:

- Did the program work?
- Should we continue the program?
- What can be modified that might make the program more effective?
- What evidence shows funding sources the program's effect?

Process evaluation measures adherence to projected timetables, production, distribution, and utilization of products, records of the number of individuals reached with a particular intervention, and other similar measures that evaluate the progress of activities. Outcome evaluation is typically conducted by utilizing tools such as pre- and post-tests and focus groups that measure a change in beliefs and behaviors, surveys that measure changes in knowledge, intentions, or actions, and/or key informant interviews. Outcome evaluation can also include observed and documented behavior change of the target population.

CDC has published a document entitled *Sexual and Intimate Partner Violence Prevention Programs Evaluation Guide* that provides extensive technical assistance for program evaluation. Unfortunately, this document cannot be accessed online. However, you can order a free hard copy at the following Web site:
http://wwwn.cdc.gov/pubs/ncipc.aspx

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Guideline 9: Develop prevention strategies that have relevant supporting curriculum materials and adequate support for curriculum instructors.

To facilitate educators in their effective implementation of any health prevention messages in a classroom setting – including teen dating violence prevention information – it is critical for teachers that certain elements be present in the instructional support materials. Those elements include; a clearly defined instructional model; adequate and effective teacher strategies; and sufficient instructional materials that support the teacher's preparation and implementation of the materials.

The following represents a summary of each of these critical elements:

Instructional Model:
"Instructional Models are guidelines or sets of strategies on which the approaches to teaching by instructors are based. Effective instructional models are based on learning theories. Learning Theories describe the ways that theorists believe people learn new ideas and concepts. Often, they explain the relationship between information we already know and the new information we are trying to learn."[10]

A material's instructional model should be described in the teacher's materials, and it supports teachers successfully implementing the model to organize and sequence learning experiences. Effective instructional models provide opportunities for teaching functional health related information (essential concepts); shaping personal values that support healthy behaviors; shaping group norms that value a healthy lifestyle; and developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.

Materials should provide:

- Clear procedures to assist in the implementation of materials
- Continuity between learning experiences that clearly reinforce adopting and maintaining specific health-enhancing behaviors
- Opportunities for students to address individual values and group norms that support health-enhancing behaviors
- Focus on increasing the personal perception of risk and harmfulness of engaging in specific health risk behaviors as well as reinforcing protective factors
- Opportunities for students to extend, apply and evaluate what they have learned

Adequate and Effective Teacher Strategies:

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[10] Learning technology Service, NC State University - 18:11, 18 May 2006 (MEST)]
http://edutechwiki.unige.ch/en/Instructional_design_model (Accessed January 6, 2011)

Instructional materials should support the teacher's use of effective teaching strategies. These strategies prompt students to:

- Actively engage in learning to help themselves to personalize information, such as through cooperative learning, group discussions, problem solving, and role playing
- Provide feedback to their peers and reflect on their own learning
- Access prior knowledge and skill abilities to further develop functional knowledge and abilities to practice and adopt health enhancing behaviors
- Recognize the perception that many of their peers engage in unhealthy or risky behaviors, and that this perception is counter to reality
- Participate and benefit from activities that expand learning opportunities outside of the classroom, such as through family activities, investigative assignments, internet review assignments, and field trips

Sufficient Instructional Materials that Support the Teacher:

Instructional materials support the work teachers do by providing:

- Pertinent content background information
- Examples of typical student conceptions
- Explanations of specific instructional models and teaching strategies to improve student understanding
- Resources to assist and enhance instruction (e.g., transparencies, videos, DVDs, software, online website and/or resources)
- Essential learning materials, handouts, student and teacher text, and other instructional tools necessary to achieve the provided or indicated learning objectives